

## ARBITRATION REQUEST FORM

To be filed in quadruplicate with the Maine Board of Arbitration  
and Conciliation, 90 State House Station, Augusta, Maine 04333

### REQUESTING PARTY:

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

### OPPOSITE PARTY:

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Is this submission joint? \_\_\_\_\_ or unilateral? \_\_\_\_\_

Have the issue(s) listed hereon been agreed to by the parties? Yes \_\_\_\_\_ No \_\_\_\_\_

Description of issue(s) to be discussed at arbitration proceeding including specific sections of bargaining agreement involved:

Remedy sought:

Attach four (4) copies each of grievance, contract and other pertinent documents.  
No request will be processed until all material is received.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature and capacity of requesting party

The undersigned certifies that a copy of this request, the grievance, collective bargaining agreement, and other pertinent documents being filed herewith have been sent to the opposite party.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature and capacity of requesting party